

10/589465

RECEIVED PCT/PTO 14 AUG 2006

Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: HAND-HELD ELECTRONICALLY
CONTROLLED INJECTION DEVICE FOR
INJECTING LIQUID MEDICATIONS
Attorney Docket Number::
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 21
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWITZERLAND
Status:: Full Capacity
Given Name:: VINCENT
Middle Name::
Family Name:: PONGPAIROCHANA
Name Suffix::
City of Residence:: LA CONVERSION
State or Province of
Residence::
Country of Residence:: SWITZERLAND
Street of Mailing ROUTE DE BELMONT 47
Address::
City of Mailing Address:: LA CONVERSION
State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND
Postal or Zip Code of Mailing Address:: 1093

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: TIMOTHY
Middle Name:: JOHN
Family Name:: MACLEAN
Name Suffix::
City of Residence:: BATH AND SOUTH EAST SOMERSET
State or Province of
Residence::
Country of Residence:: UNITED KINGDOM
Street of Mailing FLAT 3, 1 EDWARD STREET
Address:: BATHWICK
City of Mailing Address:: BATH AND SOUTH EAST SOMERSET

State or Province of Mailing Address::
Country of Mailing Address:: UNITED KINGDOM
Postal or Zip Code of Mailing Address:: BA2 4DU

Applicant Authority Type:: Inventor
Primary Citizenship Country:: AUSTRIA
Status:: Full Capacity
Given Name:: ROBERT
Middle Name::
Family Name:: FRASSER
Name Suffix::
City of Residence:: ALTHOFEN
State or Province of
Residence::
Country of Residence:: AUSTRIA
Street of Mailing ALTHOFNER STRASSE 20
Address::
City of Mailing Address:: ALTHOFEN
State or Province of Mailing Address::
Country of Mailing Address:: AUSTRIA
Postal or Zip Code of Mailing Address:: 9330

Applicant Authority Type:: Inventor
Primary Citizenship Country:: AUSTRIA
Status:: Full Capacity
Given Name:: GERHARD
Middle Name::
Family Name:: LAUCHARD
Name Suffix::
City of Residence:: SILBEREGG
State or Province of
Residence::
Country of Residence:: AUSTRIA
Street of Mailing SILBER STRASSE 21

Address::

City of Mailing Address:: SILBEREGG

State or Province of Mailing Address::

Country of Mailing Address:: AUSTRIA

Postal or Zip Code of Mailing Address:: 9334

Applicant Authority Type:: Inventor

Primary Citizenship Country:: AUSTRIA

Status:: Full Capacity

Given Name:: WERNER

Middle Name::

Family Name:: WURMBAUER

Name Suffix::

City of Residence:: KLAGENFURT

State or Province of

Residence::

Country of Residence:: AUSTRIA

Street of Mailing Address:: TESSENDORFER STRASSE 117

Address::

City of Mailing Address:: KLAGENFURT

State or Province of Mailing Address::

Country of Mailing Address:: AUSTRIA

Postal or Zip Code of Mailing Address:: 9020

Applicant Authority Type:: Inventor

Primary Citizenship Country:: AUSTRIA

Status:: Full Capacity

Given Name:: GERHARD

Middle Name::

Family Name:: KOGLER

Name Suffix::

City of Residence:: ALTHOFEN

State or Province of

Residence::

Country of Residence:: AUSTRIA
Street of Mailing BUNSENWEG 57/5
Address::
City of Mailing Address:: ALTHOFEN
State or Province of Mailing Address::
Country of Mailing Address:: AUSTRIA
Postal or Zip Code of Mailing Address:: 9330

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2005/050711	2/17/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	04100647.9	2/18/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::